CHILD MALTREATMENT FATALITIES: PERCEPTIONS AND EXPERIENCES OF CHILD WELFARE PROFESSIONALS

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SYMPTOMS OF POST-TRAUMATIC STRESS AMONG CHILD WELFARE WORKERS WHO EXPERIENCE A MALTREATMENT FATALITY ON THEIR CASELOAD

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THE STUDY

This fact sheet documents findings from the study *Child Maltreatment Fatalities: Perceptions and Experiences of Child Welfare Professionals*, conducted in September 2010 – January 2011; 426 child welfare professionals from 25 states participated; 123 (27.2%) had a maltreatment fatality on their caseload. Participants for this online study were recruited through advertisement on professional websites, social media sites targeting social workers, child maltreatment listservs, and direct appeals to child welfare agency administrators. The purpose of the study was to assess the knowledge, attitudes, practice concerns, and experiences with maltreatment fatalities – and implications for post-traumatic stress symptoms among U.S. child welfare professionals.

WHAT IS A CHILD MALTREATMENT FATALITY?

Child maltreatment fatality is: "death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death."[i]. Child maltreatment fatalities occur annually and nationally. In 2009, there were 1,770 reported CMF cases. There is a wide range for cause of death in these cases. For the 1,770 cases in 2009: 36.7% died from a combination of abuse and neglect, 35.8% from neglect, 23.2% from physical abuse, and the rest were due to less prevalent types of maltreatment – medical, psychological or sexual abuse[ii]. Between 30-40% of reported child maltreatment fatalities result in cases known to state child welfare workers, no other professional group has a greater ability to intervene with at-risk children[iii].

WHY LOOK AT POST-TRAUMATIC STRESS SYMPTOMS AMONG WORKERS WHO HAVE EXPERIENCED A FATALITY ON THEIR CASELOAD?

The field of social work has noted that workers are at-risk for suffering post-traumatic stress (PTS) and the detrimental impact that this may have on their practice skills and techniques[iv]. At the time of this study, previous research had not examined child welfare workers who had experienced a child death on their caseload for post-traumatic stress symptoms. This study assessed PST symptoms using the *Post-Traumatic Stress Checklist* and assessed for potential differences between those who had experienced a child fatality on a caseload and those who did not.

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FINDINGS OF THIS RESEARCH

Workers who experienced the death of a child on their caseload did not report higher levels of PTS symptoms, than workers who had not experienced a death of their caseload.

Among only workers who had experienced a maltreatment death on their caseload, there were higher levels of PTS symptoms among those who stated that they "were closely monitoring the family" at the time of the death. Close observation of a family that experiences a death places workers at a higher level of responsibility, and likely produces strong feelings of capability. On the flipside, workers who perceived the incident as "unavoidable" were less likely to experience PTS symptoms, which is also likely to perceptions regarding culpability.

Other findings which emerged from the set of analyses included that younger workers also experienced lower levels of symptoms when compared to older workers, indicating that time employed as a child welfare worker may be related to higher levels of PTS symptoms.

CONCLUSION

The death of a child on a caseload does not necessarily mean that one will experience PTS symptoms. That said, among those who do have a client die, those who feel more responsible maybe more likely to experience PTS. These findings suggest that workers may need more both and informal supports to help them cope with the aftermath of a fatality, especially when they believe that the fatality is a result of their actions/inactions.

This fact sheet was co-authored by Patricia Serino, MSW Candidate, and Emily M. Douglas, Ph.D., Assistant Professor of Social Work, Bridgewater State University. For more information, please contact Emily.Douglas@bridgew.edu. *This project was supported by the Presidential Fellows Program and the Center for the Advancement of Research & Scholarship, both at Bridgewater State University. The paper from which this factsheet was adapted will be published in* ***Journal of Evidence-Based Social Work****.*

[i] National Child Abuse and Neglect Data Systems . (2000, March). *Glossary*. Retrieved October 22, 2011, from http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm

[ii] U.S. Department of Health & Human Services. (2010). Child maltreatment 2009: Reports from the States to the National Child Abuse and Neglect Data Systems - National statistics on child abuse and neglect. Washington, D.C.: Administration for Children & Families, U.S. Department of Health & Human Services.

[iii] Anderson, R., Ambrosino, R., Valentine, D., & Lauderdale, M. (1983). Child deaths attributed to abuse and neglect: An empirical study. *Children and Youth Services Review, 5*(1), 75-89.

[iv] Horwitz, M. (1998). Social worker trauma: Building resilience in child protection social workers. *Smith College Studies in Social Work, 68*(3), 363-377.